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## APPLICANTS

Jason Wolter Klein, Lincoln, NE;

Douglas Bruce Wood, Lincoln, NE;

## \*\* CONTINUING DATA \*\*\*\*\*

Yes-ss

This appln claims benefit of 60/437,539 12/31/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None-ss

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NE	SHEETS DRAWING 7	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>S. S. S.</i>	Initials		

## ADDRESS

26781  
 BROUSE MCDOWELL LPA  
 388 SOUTH MAIN STREET  
 SUITE 500  
 AKRON , OH  
 44311

## TITLE

Dual profile molding

FILING FEE	RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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